

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754101

FILED
Apr 09, 2009
Secretary of State

Entity Name: MAR-LEN GARDENS MANAGEMENT CORPORATION, INC.

Current Principal Place of Business:

16800 N.E. 14 AVENUE
N. MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

16800 N.E. 14 AVENUE
N. MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 59-2060927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUTHERTON, EDITH
16800 NE 14 AVENUE
N. MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

WILSON, KERSTIN
16800 NE 14 AVENUE
N. MIAMI BEACH, FL 33162 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KERSTIN WILSON

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MICHAUD, JEAN
Address: 16901 NE 13TH AVE
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: 1VP () Delete
Name: HOUDE, MICHEL
Address: 17050 NE 14TH AVE
City-St-Zip: N. MIAMI, FL 33162

Title: S () Delete
Name: COHEN, MILDRED
Address: 17090 NE 14 AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: T () Delete
Name: DELAGE, EMILE
Address: 17001 NE 13TH AVE
City-St-Zip: N.MIAMI BEACH, FL 33162

Title: 2V () Delete
Name: NILDYS, POLANCO
Address: 17000 NE 14TH AVE
City-St-Zip: N MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOUDE, MICHEL
Address: 17050 NE 14TH AVE
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: 1VP (X) Change () Addition
Name: POLANCO, NILDYS
Address: 17000 NE 14TH AVE
City-St-Zip: N. MIAMI, FL 33162

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: 2VP (X) Change () Addition
Name: MICHAUD, JEAN
Address: 16901 NE 13TH AVE
City-St-Zip: N MIAMI BEACH, FL 33162

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHEL HOUDE

P

04/09/2009

Electronic Signature of Signing Officer or Director

Date